



Prior Authorization Criteria Proposal

Implementation Date: Prepared for:		September 21, 2005				
		Missouri Medicaid	R	evision of E	xisting Criteria	
Executive S	umm	ary				
Purpose:	Ensure appropriate utilization and control of Prostin VR^{\otimes} Pediatric (alprostadil).					
Why was this Issue Selected:	The Missouri Medicaid Pharmacy Program has recently made changes to the prior authorization criteria for medications used to treat erectile dysfunction. Drugs used to treat sexual dysfunction are now excluded from coverage under the program. These products include, Cialis [©] , Viagra [©] , Levitra [©] , Muse [©] , Caverject [©] , Edex [©] and all other formulations of alprostadil. During the review of these products, Prostin VR [©] was identified as a branded alprostadil indicated for palliative therapy to temporarily maintainthe patency of the ductus arteriosus until corrective surgery can be performed in neonates.					
Program- specific information:	• Pr	Drug ostin VR [©] 500mcg/ml		Dosage Form ol Ampule	Cost per Dosage Form \$527.34 AWP	
Setting & Population:	Neon	ates				
Type of Criteria:	☐ Increased risk of ADE			☐ Non-Preferred Agent		
	⊠ Ap	propriate Indications				
Data Sources:	☐ On datab	ly administrative ases		⊠ Database supplied	es + Prescriber-	

Setting & Population

Drug for review: Prostin VR[©] Pediatric

Age range: Neonates

· Gender: Male and female

Approval Criteria

- Patient is a neonate newborn infant up to 1 month of age
- Diagnosis of congenital heart defect (such as):
 - o Pulmonary Atresia
 - o Pulmonary Stenosis
 - o Tricuspid Atresia
 - Tetralogy of Fallot
 - Interruption of the Aortic Arch
 - Coarctation of the Aorta
 - o Mitral Atresia
 - o Transposition of the Great Vessels

Denial Criteria

Failure to meet approval criteria.

References:

- 1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2005.
- 2. Facts and Comparisons, pg. 568; 2005.
- 3. USPDI, Micromedex; 2005.

